2016 - 04 - 19 - 03 - 00067645

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 APR 19 AM 9: 38

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	ME OF MMITTEE (in full)	TYPE OR PRINT		ample: If typer the lines.	ping, type	12FE	4M5		
KE	Y STATES		111111		1 1	<u> </u>		<u> </u>	
			<u> </u>						
ADDRE	SS (number and street)	11,92,5,1	301N1N1E19	TILICIL	I AVE	MW	111		
V	Ob and id disserted	BINITIE	1/1940	1 1 1	,	1 1 1	1 1 1 1		
	Check if different than previously reported. (ACC)	WIAISIHI /LA		5		DC	200	361-	
2. FE	C IDENTIFICATION N	UMBER ♥	CITY A			STATE A		ZIP CO	DE ▲
C	0,05608.	0.2	3. IS THIS REPORT	B	NEW (N) OR		AMENDED (A)		Long constraint and the constraint
	PE OF REPORT oose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election
(0).	· · · · ·	Due On:	 Mar 20 (M3		Jun 20 (M6)		Sep 20 (M9)		Year Only) Dec 20 (M12) (Non-Election
(a)	Quarterly Reports:		Apr 20 (M4)	. M	Jul 20 (M7)		Oct 20 (M10)	n	Year Only) Jan 31 (YE)
	April 15 Quarterly Report (0	21)	Apr 20 (1914)		FF .				
	July 15	(c) 12-Day	3	Primary (12	2P)	Ger	neral (12G)		Runoff (12R)
Ĵ	Quarterly Report (0	Report	for the:	Convention	(12C)	Spe	cial (12S)		
	Quarterly Report (C January 31 Year-End Report (V	, I	Election on		, 0 0 ;		h V	in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-	Election	General (3	0G) [Rur	off (30R)		Special (30S)
Cuncil	Termination Report (TER)		for the:	W 7 W	/ ' ' ' ' ' ' ' '	73717		in the State of	
5. Cov	vering Period	7 01	2015	through	1,2	[3	1/20	15	
I certify	that I have examined th	nis Report and to the	e best of my kno	wledge and	d belief it is tr	ue, correc	t and complet	e.	·
Type or	Print Name of Treasure	r Kobini	TPV	SSER					
Signatur	e of Treasurer	Lolus	- PVisa	~	[Date	04 6	8	2016
NOTE: S	Submission of false, erron	eous, or incomplete	information may s	ubject the po	erson signing t	his Repor	t to the penaltic	es of 52	U.S.C. § 30109.
]	Office Use							FOR	

2016:04:19:03:00067646

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/20	03)	THE DIODOTIOEMENTO	Page . 2
Write or Type Committee Name			
KEY STAT	eS		
		· Solonial Solonial	
Report Covering the Period:	From: 07 01	2015	o: 11.21/17/1/12.0/1
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, ⊌ ¹⁶	5.2		952
(b) Cash on Hand at Beginning of Reporting Pe	eriod	10165	•
(c) Total Receipts (from Line	19)	25.02	25,0
(d) Subtotal (add Lines 6(b) a 6(c) for Column A and Lin 6(a) and 6(c) for Column	es propre	1265	126.65
7. Total Disbursements (from Line	9 31)	31.48	3148
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	a same of the same	937
Debts and Obligations Owed 1 the Committee (Itemize all on Schedule C and/or Schedule C	Santana Santan M	agon integracional description of the contraction o	
10. Debts and Obligations Owed In the Committee (Itemize all on Schedule C and/or Schedule C			
This committee has qualified	ed as a multicandidate committ	ee. (see FEC FORM 1M)	
	For further in	nformation contact:	
:	999 E	ction Commission Street, NW ton, DC 20463	
		800-424-9530 202-694-1100	

FE6AN026

2016 · 04 · 19 · 03 · 00067647

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name Report Covering the Period: From: **COLUMN B COLUMN A** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)....... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)..... (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	paragraphic property and the second	Caleffual Tear-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		/
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	31 48	TANG
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees		
	and Other Political Committees		
24.	Independent Expenditures		
	(use Schedule E)		
25.	Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
	(
26.	Loan Repayments Made		
	, , , , , , , , , , , , , , , , , , , ,		
27.	Loans Made		
28.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		2000 2000 2000
	1		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	1 0 5 P P 5 5 P P 5 2 P	
29.	Other Disbursements		
30.	Federal Election Activity (52 U.S.C. § 30101)	20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		market and the second s
	(i) Federal Share		5 5 5 A 3 7 B B 5 5 A 5
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31 94	74779
_		Resident March Constitution of the Constitutio	
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		
	₩	STATE OF A PROPERTY OF THE PRO	
	Capte Rat + Theosis	incherus	
_			
1			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

TIII	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)		
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	and the state of t	Consideration of the second
38.	Net Operating Expenditures (subtract Line 37 from Line 36)		

SCHEDULE A (FEC Form 3X)	Line concrete ashadula(s)	FOR LINE NUMBER: PAGE OF	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)	
	Detailed Summary Page	11a 11b 11c 12	
	<u> </u>	13 14 15 16 17	
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and	ay not be sold or used by any pe address of any political committee	to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	200.000 0. 2.7 poi		
KEY STATES			
Full Name (Last, First, Middle Initial)			
Α		Date of Receipt	
Mailing Address		HAM / DOD / YVVVV	
City State	Zip Code	Amount of Each Receipt this Period	
- ,			
FEC ID number of contributing	material and the second of the		
federal political committee.			
Name of Employer Occupation	<u> </u>	_	
Socipano Socipano			
Receipt For: Aggregate	e Year-to-Date ▼	╡	
Other (specify) ▼			
Full Name (Last, First, Middle Initial) B.		Date of Receipt	
Mailing Address			
		CATHOLOGICAL STREET	
City State	Zip Code	ELECTRICAL SOCIETY CONTROL CON	
		Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.			
Name of Employer Occupation	n		
Descirt F-			
	e Year-to-Date ▼		
Other (specify)			
in the state of th			
Full Name (Last, First, Middle Initial)			
C		Date of Receipt	
Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City State	Zip Code	hash to be the first the f	
	·	Amount of Each Receipt this Period	
FEC ID number of contributing	- miles signs signs and more in the same i		
federal political committee.			
Name of Employer Occupation	<u>· </u>	=	
	e Year-to-Date ▼	7	
Under (specify) ▼			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)		The state of the s	

SCHEDULE B (FEC Form 3X)	FOR 1		LINE NUMBER: PAGE OF		
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	one)		
	for each category of the Detailed Summary Page	21b	22 23 24 25 26		
	<u> </u>	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	by any person by any person committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)	to and addition of any pointed.				
/ KEY STATES					
Full Name (Last, First, Middle Initial) A.			Date of Disbursement		
	,		NEW POED / KYEYRY YE		
Mailing Address					
City	State 7in Cada				
City	State Zip Code				
Purpose of Disbursement	- In	- Property			
			Amount of Each Disbursement this Period		
Candidate Name	1	Category/			
Office Sought: House Disburser	nent For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) 8.			Date of Disbursement		
			HENY , DOOD , PARTY OF		
Mailing Address			***************************************		
City	State Zip Code				
City	Sidie Zip Code				
Purpose of Disbursement	r	and a second			
Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type			
Office Sought: House Disburser	nent For:	7,	Englished Street, A real registration and the street and the stree		
Senate	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
			HIN / POID / PVIVIV		
Mailing Address					
City	State Zip Code				
Purpose of Dishuseament					
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name	Category/		Amount of Each Dispulsement this Period		
		Type	The Control of the Co		
Office Sought: House Disburser					
Senate President	Primary ☐ General Other (specify) ▼	1			
State: District:	Carol (opcomy)				
			Considerant franchiscopies and an administrative of the second second		
SUBTOTAL of Disbursements This Page (optional)					
TOTAL This Device Assessment 1					
TOTAL This Period (last page this line number only)					

CHEDULE C (FEC Form	3X)			
OANS		Use separate schedule(s) for each category of the	PAGE OF	
		Detailed Summary Page	FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In Full)				
KEY States				
LOAN SOURCE Full Name (Last,	First, Middle Initial)		lection:	
		1	General	
Mailing Address			Other (specify)	
City	State ZI	IP Code		
Original Amount of Loan	Cumulative Payme		Outstanding at Close of This Pe	
Second in the second se				
in the second se	Institute Institute Charles		des (The State of The State of	
TERMS Date Incurred	Date	Due Interest Rate	Secured:	
LEST Y DOD Y PARTY	7		% (apr) Yes	
			g /6 (apr)	
List All Endorsers or Guarantors (1. Full Name (Last, First, Middle In		Name of Employer		
1. Tuil Marie (Last, First, Middle II	inday	Waine of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed		
2. Full Name (Last, First, Middle Ini	tial\	Outstanding:		
2. Tun Hame (Last, 1 list, Middle IIII	iidi)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed		
3. Full Name (Last, First, Middle Ini	tial)	Outstanding:		
3. Full Name (Last, First, Middle IIII	uai)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed		
	K-N	Odistanding.	and the state of t	
4. Full Name (Last, First, Middle Ini	liai)	Name of Employer		
Mailing Address	··	Occupation		
		<u> </u>		
City	State ZIP Code	Amount Guaranteed		
		Outstanding:		
SUBTOTALS This Period This Page (c	ptional)	>	Same 400 - 40 - 40 - 50 - 3	
OTAL & This Pariod Best none in this	line celul			
OTALS This Period (fast page in this	шпе оптуј			
Carry outstanding balance only to LIN	E 3, Schedule D, for this lir	ne. If no Schedule D, carry forward	to appropriate line of Summa	

CHEDULE C-1 (FEC Form 3X)		_	Supplementary for
OANS AND LINES OF CREDIT FROM	LENDING INSTITUTIONS	S	Information found on
deral Election Commission, Washington, D.C. 20463			Page of Schedule C
AME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER
Key States	_	C	
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
wll Name N /A	and the second s		0/0
lailing Address	Date Incurred or Established	AND DESCRIPTION OF THE PERSON	
ity State Zip Code	Date Due		
A. Has loan been restructured? No Yes	If yes, date originally incurre	d	A Land Andrews
B. If line of credit, Amount of this Draw:	Balance:	Die Control	ganagan gangangan gangan ganagan ganag
C. Are other parties secondarily liable for the debt inc	curred? must be reported on Schedule C.)	1	
D. Are any of the following pledged as collate at for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or of No Yes If yes, specify:	of deposit, chattel papers,		e value of this collateral? The second of this collateral?
E. Are any future contributions or future receipts of in collateral for the loan? No Yes If yes	terest income, pledged as s, specify:	- Compense	e estimated value?
A depository account must be established pursuan to 11 CFR 100.82(e)(2) and 100.142(e)(2).			
Date account established:	Address: City, State, Zip:		
F. If neither of the types of collateral described above the loan amount, state the basis upon which this loan amount.	was pledged for his loan, or if the pan was made and the basis on wi	amount plechich it assure	dged does not equal or exceed es repayment.
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrowers.	e terms of the loan and other information (including interest rate) no more fa	•	

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE

DATE

Title

FE6AN026

DATE

SCHEDULE D (FEC Form 3X)	(Use sepa	rate PAGE OF	-
DEBTS AND OBLIGATIONS		(s) FOR LINE NUMBER:	ا .
		h (check onlý one)	9
NAME OF COMMITTEE (In Full)			110
KEV States			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Natu	re of Debt (Purpose):	
N/A			
Mailing Address			!
City State Zip Code			
Outstanding Balance Beginning This Period			
Amount Incurred This Period Payment Th		tstanding Balance at Close of This	
			700
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Natur	re of Debt (Purpose):	<u></u>
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period Amount Incurred This Period Payment Th		tstanding Balance at Close of This	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Natu	re of Debt (Purpose):	
Mailing Address			
City State Zip C	>ode		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment Th	is Period Out	Istanding Balance at Close of This	
1) SUBTOTALS This Period This Page (optional)	Service Servic		
2) TOTALS This Period (last page this line number only)	•		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page	(last page only) ▶		

SCHEDULE E (FEC FORM 3X)	
ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	PEC IDENTIFICATION NOMBER V
KEY States	
Check if 24-hour report 48-hour report New report Amends report file	ed on
Full Name of Payee	Date of Public Distribution/Dissemination
NA	Men : Dep : Agasas
Mailing Address	
· \	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	
Name of Federal Candidate Support Off	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dis	sbursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	MARI / PAG / PORVACO
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	HEME / DED / TV TV TV TV
Type	
Name of Federal Candidate Support Off	fice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dis	sbursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
,	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
324	
Signature Date	
l	İ

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) PAGE OF ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office\Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: **Amount** Senate District: Presidentia Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds and Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Key States
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2	(FEC	Form	3X)
ALLOCATION R	ATIOS	;	

ALLOCATION RATIOS	PAGE OF
NAME OF COMMITTEE (In Full) KEY States	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT. Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal p expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected where the federal proportion of disbursements is based on the benefit derived by federal candidates, regardless of whether there is a reference to a political page.	d to be derived, didates from the ac- es that refer to both
are allocated using a time/space method. ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	NONFEDERAL %

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

EOB	LINE	100	OE	EODM	21
PAGE	Ξ	С	F.		

NA	ME OF COMMITTEE (In Full)		
	Key States		
	NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	$1/\Delta$		
	D/ TI		Commission
	BREAKDOWN OF TRANSFER RECEIVED		
	i) Total Administrative		The state of the s
	ii) Generic Voter Drive		A section of the section of the section of
	iii) Exempt Activities	·	
	\		The state of the s
	iv) Direct Fundraising (List Activity or Event) der	nuller)	
	a)		
			ood! sec _a
	b)		
ı	a) Takel Amount Transferred For Direct Fundament		And the state of t
	c) Total Amount Transferred For Direct Fundra	\	
	v) Direct Candidate Support (List Activity or Ev	ent Identifier)	
	a)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<u> </u>		
	b)		
	c) Total Amount Transferred For Direct Candid	ate Support	
	vi) Public Communications Referring Only to I	Party (Made by PAC)	
		R BREAKDOWN OF TRANSFER RECEIVE	
	TOTALSTO	post more than the second	
T	OTAL This Period (Administrative)	8 \	Towns and the state of the stat
_		1 7	
T	OTAL This Period (Generic Voter Drive)		Samuel Thomas Successive and Superior States and Superior
T	OTAL This Period (Exempt Activities)		
		Activated Company of the Name of States and	terretario de la companya del companya del companya de la companya
T	OTAL This Period (Direct Fundraising)		6 Francisco de Carlos de C
			The same the same that the sam
T	OTAL This Period (Direct Candidate Support)		
T	OTAL This Period (Public Communications Referring	Only to Party)	N S STO B LEE D H STA
•	The same and the s	Em	lanendersenskrinnerdersendersendersendersendersendersendersendersendersendersendersendersendersendersendersend
T	OTAL This Period (Total Amount Transferred)		The same of the sa

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF	
FOR LINE		FORM 3X

NA	AME OF COMMITTEE (In Full)					
Ā.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exempt			
	Mailing Address		Voter Drive Direct Candidate Support			
	City \ \ State \ Zip Co	de	Public Comm (ref to party only) by PAC			
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
	Activity or Event Identifier:	Category/ Type	Date Date			
	FEDERAL SHARE + NONFEDE	RAL SHARE	= TOTAL AMOUNT			
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:			
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support			
	City State Zip Co	de	Public Comm (ref to party only) by PAC			
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date			
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	Activity of Event Identified:	Category/ Type	Date / OTO / YTT			
	1	RAL SHARE	= TOTAL AMOUNT			
C.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exempt			
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	Purpose of Disbursement:	Southern Committee of	Allocated Activity or Event Year-To-Date			
	Activity or Event Identifier:					
		Category/ Type	Date / Date / Yevev			
		RAL SHARE	= TOTAL AMOUNT			
su	JBTOTAL of Allocated Federal and NonFederal Activity This Page		· · · · · · · · · · · · · · · · · · ·			
	FEDERAL SHARE + NONFEDER	RAL SHARE	TOTAL AMOUNT			
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TC		RAL SHARE	TOTAL AMOUNT			

2016-04-19-03-00067661

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

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	PAG	E			O٢		

NAME OF COMMITTEE (In Full)	
Key States	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
1 .	Voter Registration GOTV
N/A	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address	Autocated Votatile of Table 10 Date
City State Zip Code	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Purpose of Disbursement Category/	
Type	Date Land
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
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	Voter Registration GOTV
·	Voter ID Generic Campaign
\	
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	Depression and America Colored Security Security Colored Security
Purpose of Disbursement Cotogony	MAN / DADY / ASARAL
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FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
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	Type of Allocated Activity or Event:
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Voter Registration GOTV
	Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement	
Category/	Date
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FEDERAL SHARE + LEVIN SHARE	TOTAL AMOUNT
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SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	to 30(a)(ii)) TOTAL AMOUNT
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SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE LEVIN SHARE	to 30(a)(ii)) TOTAL AMOUNT

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAM	IE OF COMMITTEE (In Full)		
	KEY STATES		
NAM	E OF ACCOUNT(
	71	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized (Use Schedule L-A)		
	(b) Uniternized	Commence of the control of the contr	
	(c) Total		
2.	OTHER RECEIPTS		
3 .	TOTAL RECEIPTS(Add Lines 1c and 2)	and the second the second	A second
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID		
	(c) GOTV		
	(d) Generic Campaign		
	(e) Total		
5.	OTHER DISBURSEMENTS		
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	and the first the state of the	
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)		
8.	RECEIPTS		
9.	SUBTOTAL(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		

ITEMIZED RECEIPTS OF LEVIN FUNDS

SCHEDULE L-A (FEC Form 3X) PAGE OF Use separate schedule(s) for each category of the FOR LINE NUMBER: Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) / Full Organization Name Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last. First, Middle Initial) / Full Organization Name Date of Receipt B. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City Stat Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional).....

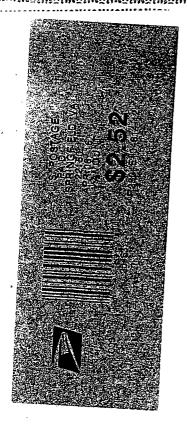
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SCHEDULE L-B	(FEC	Form	3X)
ITEMIZED DISBU	RSEM	ENTS	
OF LEVIN FUNDS	S		

SCHEDULE L-B (FEC Form 3X)		FOR LINE NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS OF LEVIN FUNDS	Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: PAGE OF (check only one)
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SUBTOTAL of Disbursements This Page (optional)	•	
TOTAL This Period (last page this line number only)		

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FEDERAL ELECTION COMMISSION 999 E Street, NW Washington, DC 20463

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VE, NW

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

Hand Delivered Postmarked OH-08-2016 Date of Receipt D4-19-2016 Postmarked (R/C) USPS Registered/Certified Postmarked USPS Priority Mail USPS Priority Mail USPS Priority Mail Express Postmarked Overnight Delivery Service (Specify): Next Business Day Delivery Received from House Records & Registration Office Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): Other (Specify): DATE PREPARED	The FEC added this page to the end of this filing to indicate how it was received.			
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